



**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES  
OFFICE OF STATE FIRE MARSHAL

APPLICATION FOR **NEW** CRANE REGISTRATION

Applicant's Instructions:

Print or type all responses

Enclose **\$40.00** New Crane Registration fee

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mfg. of Crane: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Maximum Boom Length: \_\_\_\_\_

Maximum Lifting Capacity: \_\_\_\_\_

Any accident involving this crane is to be immediately reported to the above address or by calling (860) 685-8470, after hours 1-800-842-0200.

I certify that this crane shall be operated and maintained in accordance with the Safety Code as prescribed by the Connecticut State Agencies Sec. 29-223-10 to 15 inclusive.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Owner's Social Security Number: \_\_\_\_\_

Owner's Federal identification Number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

( ) Application Denied ( ) Application Granted

Date: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Check Number: \_\_\_\_\_ Posted By: \_\_\_\_\_

1111 Country Club Road

Middletown, CT 06457

*An Equal Opportunity Employer*



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REGULATIONS ADOPTED UNDER AUTHORITY OF C.G.S. 29-223 REQUIRE THAT A WRITTEN, SIGNED AND DATED RECORD BE MADE OF THE INSPECTION BY THE DESIGNATED EMPLOYEE OR AGENT MAKING THE INSPECTION.

A CRANE OWNER WHO IS REQUIRED TO MAKE MONTHLY INSPECTIONS AND TO KEEP WRITTEN RECORDS THEREOF, MAY USE A FORM (OR FORMS) WHICH MUST BE MAINTAINED FOR A RECORD OF INSPECTION ESTABLISHED OSHA STANDARDS.

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\*\*\*RETAIN CERTIFICATION INSPECTION REPORTS FOR YOUR FILES\*\*\*

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CERTIFICATION

OWNERS NAME: \_\_\_\_\_  
OWNERS ADDRESS: \_\_\_\_\_  
CRANE MANUFACTURER: \_\_\_\_\_  
CRANE TYPE: \_\_\_\_\_  
CRANE SERIAL NUMBER: \_\_\_\_\_  
CONNECTICUT CRANE REGISTRATION NUMBER: \_\_\_\_\_  
(Issued by the Connecticut State Examining Board for Crane Operators)

I CERTIFY THAT THE INSPECTION RECORDS ARE MAINTAINED AND ARE AVAILABLE FOR REVIEW BY THE OFFICE OF STATE FIRE MARSHAL.

Signature: \_\_\_\_\_

Name: (Type or Print) \_\_\_\_\_ Title or Position: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_

(PERMISSION TO DUPLICATE LOCALLY IS PERMITTED.)